Bridging Training Models: Comparing Competency Development Between Traditional APP Fellowship and Community Affiliate Models

UC DAVIS HEALTH | BETTY IRENE MOORE SCHOOL OF NURSING

Surani Hayre-Kwan DNP, MBA, FNP-BC, FAANP, FACHE
Deb Bakerjian, PhD, APRN, FAANP, FGSA, FAAN
Jonathan Kwan, MPH
Ana Marin Cachu, MPH
Kristen Bettega, BA
Ashlyn Prasad, MBA

Introduction

Role of APPs: Advanced Practice Providers (APPs) are essential for expanding care in rural and underserved areas.
Knowledge Gap: Little research exists on how different transition-to-practice training models support under-resourced Federally Qualified Health Centers (FQHCs).
Infrastructure Barriers: Many FQHCs lack the necessary staffing and infrastructure to host their own individual fellowship programs.
Scalable Solution: The Betty Irene Moore School of Nursing created a 12-month Community Affiliate APP program combining virtual learning with in-person skills training.
Program Evaluation: The study compares clinical competencies between traditional fellowships and this affiliate model.
Ultimate Goals: Align curricula, strengthen academic-clinical partnerships, and improve workforce readiness.

Design/Sample

- Developed a **12-month primary care transition-to-practice program** for new APP graduates
- **Hybrid model includes:**
  - **Virtual didactics** (biweekly; synchronous + asynchronous)
  - **In-person skills training** (quarterly)
- **Curriculum components:**
  - Population health, acute & chronic disease
  - Advanced procedural skills (e.g., suturing, IUD insertion/removal)
  - Simulation-based clinical scenarios
  - Interprofessional teamwork training
- **Evaluation strategy:**
  - Retrospective pre–post assessments after each learning activity
  - Midpoint & endpoint focus groups
  - Program satisfaction surveys

Analysis

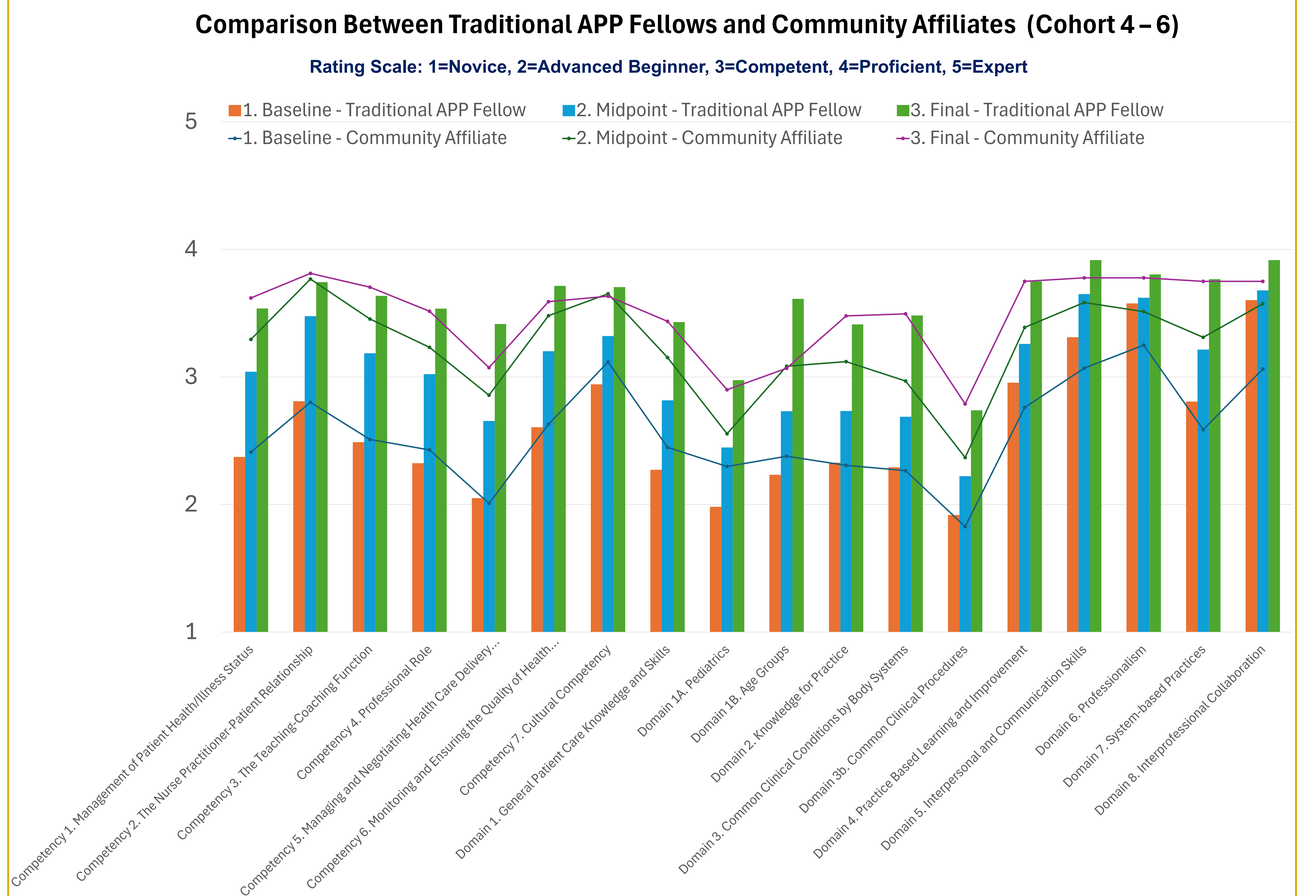
Community Affiliates reported substantially higher baseline scores (0.8 – 1.2) than Traditional Fellows.

During midpoint, Traditional Fellows demonstrate substantial gains in every domains, however there are narrow gaps between both groups.

Implementation

- **2022:** Academic model adapted, and pilot tested with the VA in 2023 – 2024.
- **2024:** Expanded to rural FQHCs in Northern California
- FQHCs hire APP fellows and enroll them in the academic program
- Established a **formal academic–clinical partnership** between a university-based APP program and FQHCs
- Delivered a centralized curriculum to multiple geographically dispersed sites

Results



Summary

- **Baseline Competency**: Community Affiliates started with higher self-assessed ratings due to greater prior clinical and professional experience.
- **Growth Differences**: Traditional APP Fellows showed larger overall competency gains over time, especially in clinical knowledge, practice-based learning, and systems-based skills.
- **Narrowing Gap**: By graduation, Traditional Fellows caught up to Community Affiliates in communication, professionalism, cultural competency, and collaboration.
- **Dual Benefit**: The fellowship program successfully builds skills for newer providers while offering professional growth for experienced clinicians.

Conclusions/Further Study

- The hybrid academic–clinical model is **scalable, flexible, and replicable**
- Supports APP postgraduate education across diverse settings and populations
- Builds sustainable regional training infrastructure
- Enhances workforce readiness and interprofessional collaboration
- Preliminary outcomes demonstrate positive impacts on:
  - Learner confidence
  - Clinical competence
  - System-level onboarding efficiency

Acknowledgements

This project was supported by the Health Resources & Services Administration (HRSA) of the U.S. Department of Health & Human Services (HHS) under award totals of $4,996,790 (2019–2023) and $3,294,788 (2023–2027). The content is solely the responsibility of the authors and does not necessarily represent the official views of, nor an endorsement by, HRSA, HHS, or the U.S. Government.

Additional financial support of $480,000 was provided through the Song-Brown Health Care Workforce Training Act, administered by the California Department of Health Care Access and Information (HCAI).

The authors also acknowledge the California Health Care Foundation and Partnership Health Plan for their ongoing support of FQHC Fellowships and the Academic Partnership model.